



From The Grassroots Up

A Locally-Developed Surveillance & Case Management Database

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Learning Objectives

- **Data & interface needs for county end-users**
- **Requirements for a collaborative county/state system**
- **NEDSS ideals & PHIN requirements in action**





Topics

- **Multnomah County Communicable Disease Database (MCCDD)**
 - Background
 - Organization & daily use
 - Transmission
- **NEDSS/PHIN compliance issues**
- **Lessons learned**





Disclaimer

The language you are about to hear might be disturbing to those from an IT background...





Need to recognize...

- **Bill Dalbey**
 - Design & revisions
- **Jan Poujade**
 - Vision & contracts
- **Linda Daniels-Cuevas**
 - Maintaining (county side) & training
- **Multnomah County Communicable Disease nurses**
 - Testing & use





MCCDD Background

- Developed by Multnomah County Health Department Communicable Disease program (MCHD-CD)
 - Based past experience
- Implementation, July 2000
- Other counties requested; FY2003 first year of contracts



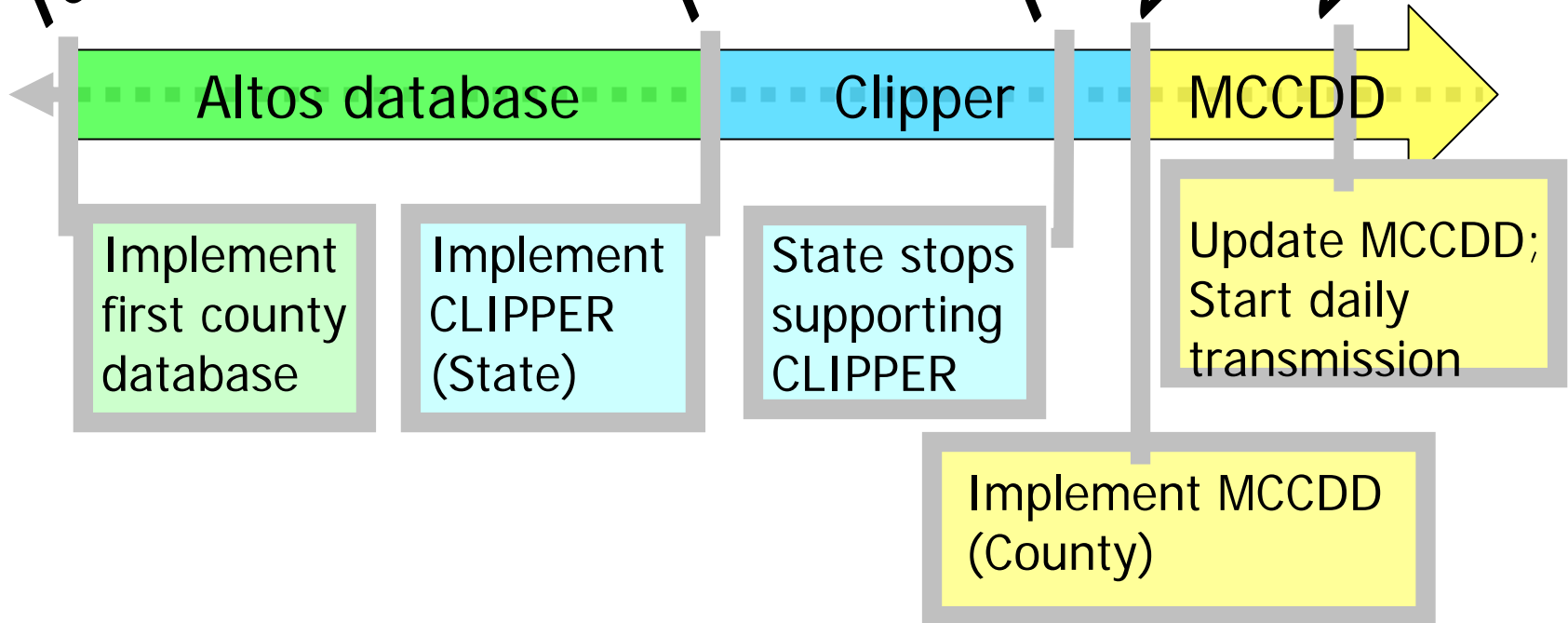
History

1985/86

1995

1999
2000

2003





Primary Functions

- CD nurse case management of reportable conditions
 - Cases & outbreak
- Local data analysis (disease trends, management issues)
 - Epi & managerial
- Reporting to state





Database Facts

- **MS Access™ database**
 - Over 130 tables
 - Easily exportable summary tables
 - cases & contacts
- **Content: state reporting forms**
- **Lay-out: Case management**





Overarching Layout

- **Initial Menu screen directs users to distinct capabilities**
 - Add/edit case
 - Search for existing case/contact
 - Data analysis & reports
 - Look-up tables & other utilities





Data Entry Screens

- **Cases entered into form groups**
 - Example groups: Enterics, hepatitis, pertussis
- **Variable fields for sub-tables based on form group**
 - Example sub-tables: clinical data, risk factors, contact management
- **Outbreak investigations elsewhere in database**
 - Tracts records at event level
 - Formatted questionnaires, etc.
 - Basic analysis





Current Status of MCCDD

- Used by all nurses in MCHD-CD
 - CD nurses in 13 other counties
- Information sent to state daily
- Improvements & maintenance on-going





Current Status of SYSTEM

- MCCDD now integrated into statewide system
- System includes
 - MCCDD
 - Transmission routes
 - State Filemaker™ database





MCCDD Organization

**NOTE: This section will be a
computer demonstration at
conference**

Version 03/07/05



Multnomah County Health Department

Communicable Disease Database 2000

[User Manual](#)

Current User: Miriam Elman

mhmre

Add/Edit a Case

Reports

Data Analysis

Local Look-up Tables

Outbreak Investigation

Global Look-up Tables

Activate Case Manager

Utilities

Search for a Case:

Last Name
Client Number
Contact Name

Search Mode

☒ Alpha ☐ Soundex

Quick Search (accepts wildcard *)

Lookup Field Last Name

Lookup

Results

Quit

Patient Data

Last Name
First, MI
Phone 1 H
Phone 2
Address
Zip, County
City, State
CTract Homeless ☐
DOB
Age 0 Sex

Hispanic
☐ White ☐ Unknown
☐ Black ☐ Refused
☐ Asian/PI ☐ Other
☐ AI/AN

Occupation
Occ.If Other
☐ High Risk Occupation
Chart Nbr
Case Nbr

Alternate
Contact

Worksite
or School

Case Info

DX

Display DX Info

Onset Date (Unk)

Date

Time

Date Received 05/02/2005 1:03 PM

Date Assigned

Date Initiated

Date Complete

☐ Keep Active

OHD DX Status Suspect

EPI Name



Print
Encounter
Form

Add
Case

Find
Case

Return
to Menu

Help

Source Clinical Lab EPI Links History/Misc Risks/Sources Contact Mgmt Follow-Up Treatment Travel Notes for OHD use only

Next Tab

Source:

☐ Lab

☐ HCP

☐ ICP

☐ Other

Permission to
contact



OK Date

HCP
Consulted?



Consult Date

Other Desc

Source Name

Source Phone

Date of Report

Primary HCP

HCP Phone

Enter HCP using
format of: Last
Name, Comma,
Space, First
Name

"Smith, Jane"

Orig. Sent to OHD

Resent to OHD

Sent as Confirmed

Sent after Complete

Created 05/02/2005 Created by Updated Updated by Completed by

Records: 16977 of 16977

Enter patient's last name, if known.



Source Clinical Lab EPI Links History/Misc Risks/Sources Contact Mgmt Follow-Up Treatment Travel Notes



Enterics



Lab Confirmed

Name of Lab

Specimen

Date of Specimen

Nbr of Specimens
Examined

Notes

O & P RESULTS

- ☒ Cysts
- ☒ Trophozoites
- ☒ unk
- ☒ EIA Positive

Isolate submitted to
PHL

Next Tab

PHL Specimen Nbr

Accession Nbr

SubType

Specimen

Date

Lab Name

Lab Type

Lab Test Type

Test Results

PHL #

Accession Nbr



[Source](#)
[Clinical](#)
[Lab](#)
[EPI Links](#)
[History/Misc](#)
[Risks/Sources](#)
[Contact Mgmt](#)
[Follow-Up](#)
[Treatment](#)
[Travel](#)
[Notes](#)



During the exposure period, was the patient ...

Associated with a known outbreak?

Close contact of a confirmed case?

Has the case been reported?

Nature of Contact:

Outbreak Name

Primary_Secondary Case Numbers

	Case Nbr	Link Type
▶		
Record:	<input type="button" value="⏮"/> <input type="button" value="⏪"/> <input type="text" value="1"/> <input type="button" value="⏩"/> <input type="button" value="⏭"/>	

Notes:

[Next Tab](#)

☐ Is patient aware of anyone else with similar signs and/or symptoms? If so, put details in notes section.

Source	Clinical	Lab	EPI Links	History/Misc	Risks/Sources	Contact Mgmt	Follow-Up	Treatment	Travel	Notes
--------	----------	-----	-----------	--------------	---------------	--------------	-----------	-----------	--------	-------

Last Name

First Name

DOB

Age

Date Contacted /Time

Sick?

Onset Date

Prophylaxis

Prophy Status

<div>▶</div>	<div></div>	<div></div>	<div>0</div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div>Recommended</div>	<div></div>
<div>Relation to Case</div>	<div></div>	<div>Comments</div>						<div>Date Recommended</div>	<div></div>	
<div>Occupation</div>	<div></div>	<div></div>						<div>Given</div>	<div></div>	
<div>Followup Form</div>	<div><input checked="" type="checkbox"/> High Risk</div>	<div>Diarrhea?</div>	<div></div>	<div>Sick?</div>	<div></div>	<div>Info/Education Provided</div>	<div></div>	<div>Date Given</div>	<div></div>	

Record:

⏮

⏪

1

⏩

⏭

 of 1

CaseNotification : Form

epiID: 51000030 Kathrine Segnitz, RN

Open/Unresolved Case Reports

Refresh Display

Client Number	Diagnosis	Last Name	First Name	Entered	Assigned
51-05-000	Hepatitis B virus infection, chronic			12:53:19 PM	01/07/2005
51-05-000	Hepatitis B virus infection, chronic			5 8:11:43 AM	03/04/2005
51-05-000	Hepatitis B virus infection, chronic			5 1:35:54 PM	04/19/2005
51-05-000	Hepatitis B virus infection, chronic			11:24:14 AM	04/21/2005
51-05-000	Hepatitis B virus infection, chronic			5 8:22:24 AM	04/25/2005

Record: 1 of 7

Check every 5 Minutes

Open Case

Exit

Record: 1 of 1

Microsoft Access

You have 7 open case reports.

OK



Multnomah County Health Department

Communicable Disease Database

[User](#)
[Manual](#)

DATA ANALYSIS MENU

Select an Existing Query

Select tables to copy to private database

- AGE TYPE
- Alt Contact Type Table
- ArchiveTest
- AuditRecord
- CaseChanges
- CaseChangesTemplate
- CaseData
- CaseDataSymptoms
- CaseDefinitionFullOutbreak
- CaseDefinitionSummaryOutbreak
- CDC Required Treatment Table
- CensusTractLookup
- CityStateZip Table
- Contact Exposure Type Table

Copy Files

Exit

Graph Cases by Month

Graph Cases by Year

Graph Cases by Zipcode

Case Statistics by Risk Factor



Multnomah County Health Department

Communicable Disease Database

REPORT MENU

Click on the desired report, fill in additional information if requested, and click on the "Run Report" button.

Cases- by EPI

Cases- by Diagnosis

Cases- by Last Name

Case Counts by ZipCode

Cases by Census Tract

Disease Summary by Month

Hep Prophylaxis Report

Duplicate Cases Report

Assurance Reports

**Run
Report**

Exit

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Quit



Multnomah County Health Department

Communicable Disease Database

FOODBORNE ILLNESS MENU

Setup Outbreak Questionnaire

Enter Questionnaire Data

Questionnaire Listing

Outbreak Summary

Edit Outbreak Default
Questions/Symptoms

2X2 Analysis

EPI Curve

Frequency Reports

Incubation Curve

Export to EPI-Info

Export to DBF

EPI
Curve
Interval

- ☒ 1 hour
- ☐ 2 hours
- ☐ 4 hours
- ☐ 8 hours
- ☐ 12 hours
- ☐ 24 hours

Select Incident ID

Exit

Incident Description			<div>Lookup by Incident Name</div> <input type="text"/>		<div>New Outbreak</div>		<div>Line Listing</div>		<div>Outbreak Summary</div>		<div>EPI Curve</div>		<div>Export to DBF</div>		<div>Exit</div>	
Incident Date/Time			<div>Lookup by OHS Outbreak Number</div> <input type="text"/>													
Outbreak Type	▼										Period in hours		8 ▼			
OHS Outbreak Nbr																
Investigating EPI	▼		Incident ID		<div>Create/View Case Definition</div>											
Institution Name			0													
Institution Type																
Name	Class	Sex	Age	Fever	Vomiting	Diarrhea	>2 loose stools in 24 hrs	Bloody stools	Onset Date/Time	Duration (hours)	Incubation (hours)	Case	Sought Medical Attention	Admitted to Hospital		
▶	▶			ja	ja	ja	ja	ja			0	ja	ja	ja		
Comments																



Multnomah County Health Department

Communicable Disease Database

[User](#)
[Manual](#)

LOCAL TABLE MAINTENANCE MENU

EPI Table

Hospital & Lab Tables

Report Source & Primary HCP Tables

Help Text Setup

System Setup Parameters

Query Maintenance

Exit



Multnomah County Health Department

Communicable Disease Database

UTILITY MENU

Click on the desired option, fill in additional information if requested, and click on the OK button.

Health Division Only

Local Health Department

Export to Filemaker

Export Case Data

Load Case Data

Export Outbreak Data

Load Outbreak Data

View Error Log

View New Cases

Load Lookup Tables

Master Site Only

Create Audit File

Export Lookup Tables

Export Case Data-Old
Version

OK

Exit



Transmission

- Of 16 Oregon counties with contracts...
 - 3 VPN
 - 9 sFTP
 - 2 testing
 - 2 not using





Transmission: County Side

- Not fully automated, but few steps easily done
 - Run file extract
 - Place on server with VPN/sFTP connection
 - Receive e-mail confirming successful transmission





Transmission: State Side

- System fully automated
- Check each county directory for correctly-named file
 - Incorrect: not processed + e-mail alert of problem
 - Correct: email confirmation to originating county (includes date)
- Archive each correct file; copies moved to working upload directory
- Upload collected files into
 - Master database
 - Data manager's reporting database
- Extract new/updated records for import into Filemaker
 - Archive & copy to shared directory for data entry staff
 - Notification email; import to Filemaker
- Create tailored reports from reporting database
 - Disease-specific notification of new/updated records
- Refresh "mirror" MCCDD database from the server master
 - 1 am; new data are ready each work day
- Information at each step to process log file.





PHIN & NEDSS Compliance



NEDSS Compatibility

- **Serves needs at local & state level**
- **Monitor and Assess disease trends**
 - **Inform public health policy**
 - e.g., crypto, outbreak summaries
 - **ID public health issues for research**
 - e.g., chronic Hep B
- **Protect confidential health info while allowing timely data sharing**





NEDSS Principles Applied

- **Off-the-shelf software**
 - MS Access
- **Internet-based secure transmission**
 - VPN or sFTP
- **Common reporting requirements**
 - Based on state Investigative Guidelines





Issues Addressed

- Identified through NEDSS process
- Local data management needs
 - MCHD: ~25% of reportable conditions in Oregon
- Delayed data reporting
 - VPN better than disks!
- Multiple data systems (county/state)
 - MCCDD, State FileMaker database, and CDC systems (e.g., NETSS)





PHIN Compliant Areas

- **Management of Possible Case, Contacts, and Threat Data**
- **Analysis and Visualization**
- **Automated Exchange of Data Between Public Health Partners**





Almost PHIN Compliant

- **Manual Data Entry for Event Detection and Management**
 - Have, but not web-based
- **Public Health Information Dissemination and Alerting**
 - Passive sharing of information between state & county
 - State HAN initiative addresses need





Related to Compliance

- **Public Health Information Dissemination and Alerting**
 - **Passive state/county info sharing**
- **IT Security & Critical Infrastructure Protection**
 - **Data secured and backed-up**





Not Targeted

- Specimen and Lab Result Information Management and Exchange
- Directories of Public Health & Clinical Personnel





Beyond Compatability

- **Additional Local Health Department needs addressed**
 - **Case management**
 - Locals responsible for implementing & tracking interventions
 - **Tracking workload in addition to cases**
 - Budgets & staffing





Lessons Learned



Requirements for System

- **Technical support on both ends**
 - Programmers; VPN/server support
- **Infrastructure**
- **Communications**
 - Contracts (what's expected)
 - Inclusive workgroups (updates & standardization)





Entering the Computer Age

- **Convincing frontline staff**
 - Any system only as good as the data going in
 - “Nurses don’t do data entry”
 - The new world of charting
 - Utility in everyday work essential
- **When data entry seen as burdensome**
 - Mix paper/faxed reports with electronically transmitted
 - Incomplete data as “Completed case” when investigation done





Additional Features

- **Batch importing of case data**
- **Flexibility/Adaptability**
 - **Extracting/mapping existing info to meet situation specific needs**





Future Plans

- **Move MCCDD into SQL**
- **Web-based front-end?**
 - Improve use in the field
 - Facilitate data export for risk analysis
- **On-going improvements to processing & transmission on county side**

